

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: CLARITY CARE HICKORY (0010109)
Address: 1545 HILLCREST HEIGHTS, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 07/30/2003
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096733 **End Date:** 04/10/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096258 **End Date:** 01/25/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007239 Served 01/31/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	03/06/2006	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	03/06/2006	Yes
88.06(3)(f)	REVIEW OF ISP	04/10/2006	Yes

Survey ID: 0090710 **End Date:** 07/28/2003 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
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Adult Family Home

Complaint History

Date Complaint Received: 02/02/2006

Date Investigation Completed: 04/10/2006

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/06/2005

Date Investigation Completed: 01/25/2006

Subject Area(s)

RESIDENT RIGHTS
ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
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